**HIGHLIGHTS:**

- ILI incidence in Italy is stable and below seasonal average.
- No threshold breach in emergency room admission trends was detected.
- In the current epiweek, two deaths due to A/H1N1v occurred.

**Influenza Like Illness (ILI) sentinel surveillance**

Completeness of reporting in the current epiweek was 95% (20/21 regions reporting).

The incidence of ILI, as detected through sentinel surveillance, was 2.06 cases per 1,000 served population. In the age group 0-4 years the incidence was 7.79%. Among patients aged 5-14 years the incidence was 3.75%.

In Italy, estimated 4,763,000 people have contracted an ILI since the 43rd epiweek of 2009. The number of estimated ILI cases in the reporting period was 124,000.

http://www.iss.it/iflu/

**Emergency room admission trends for acute respiratory syndromes (ARS)**

Completeness of reporting in epiweek 7 of 2010 was 100% (14/14 regions presently reporting). See the methods box below for further details.

In the 7th epiweek, 6.1% of all people who accessed the sentinel ERs were diagnosed with acute respiratory syndrome, 23.3% of those were admitted to hospital.

Compared with the previous epiweek, the number of ER admissions is stable. No epidemic threshold was breached both globally and by age group.

**ILI surveillance methodology:**

The Italian surveillance system for influenza is based on a network of sentinel community based physicians in the 21 regions and autonomous provinces of the country. Incidence rates are therefore not based on consultations but on the served population of each reporting physician each week. Incidence data per 1,000 patients is provided globally and by age group. For more information on the Influenet surveillance system consult the website http://www.iss.it/iflu/ (in Italian).

ER admission surveillance methodology:

A surveillance network was established among Italian emergency services that had an automatic recording system for admissions with immediate regional updates as of August 2009. 16 of the 21 Italian regions adhered (76.2%). Of these, 14 identified at least one emergency service that would send data for surveillance and constitute to date the reporting units of the system.

The surveillance system is based on the weekly transmission of the total number of ER admission to the regional health institutions. They select those whose main diagnosis is coded as an acute respiratory syndrome based on the ICD9-CM coding system. One year historical data, when available, was received by the adhering regions and the estimated number of weekly admission, alert and alarm epidemic thresholds were calculated using a time series model (cyclic regression analysis) that takes into account the seasonality of the disease. Each week the actual number of admissions is compared with the estimated one and any threshold breach documented.

This bulletin is a translation of FluNews, the official report combining the information of all the epidemiological surveillance systems monitoring the influenza pandemic in Italy. The original version in Italian is produced by the National Centre of Epidemiology (CNESPS) of the Italian National Institute of Health (http://www.epicentro.iss.it/focus/h1n1/archivioflunews.asp)
In epiweek 7 of 2010, two deaths due to influenza A/H1N1 occurred. 235 people have died due to influenza A/H1N1v in Italy since the beginning of the pandemic.

41% of all deaths that occurred since the beginning of the pandemic were among women. The most affected age groups were the 15-44 yrs and the 45-64 yrs (32% and 33% respectively).

The most affected Italian region was Campania where 22% of all A/H1N1v deaths have occurred, followed by Puglia (15%), and Piemonte (11%). 81% of the people who died had one or more pre-existing risk factors.